

BS 10/9/06

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
DEVELOPMENTAL DISABILITIES PROGRAM



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October 17, 2006

TO: Ardis Stockton, Director, RSS
Kevin Sweeney, RSS Board of Directors

FROM: Michelle Sheedy, QIS

SUBJECT: Annual Quality Assurance Review

Attached is the annual Quality Assurance Review for Residential Support Services. The review covers the period from April 2005 through September 2006.

I would like to thank all the direct care staff at the program sites and the administrative staff at the RSS office for their assistance during the review and their timely responses to concerns. I hope the recommendations contained in this report help as you continue to improve the quality of services you offer people with disabilities.

cc: Suzn Gehring, Regional Manager
Tim Plaska, Community Services Bureau Chief
John Zeeck, Quality Assurance

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RESIDENTIAL SUPPORT SERVICES
Quality Assurance Review
Fiscal Year 2006/07
9/28/06

SCOPE OF THE REVIEW:

This Quality Assurance Review covers the period from April 2005 through September 2006. It addresses all residential services, day services (Retirement and Community Integration) and transportation services offered by Residential Support Services (RSS). RSS currently provide residential services to 79 individuals. They provide day services to 10 individuals.

GENERAL AREAS:

A. ADMINISTRATIVE

Significant Events from the Agency:

- Relocated the office to a new building with more room
- Enhanced communication with other agencies through addition of e-mail accounts and individual voice mail for administrative staff
- Four staff completed DDP Investigators Training
- Provided housing for individuals in crisis situations at Stillwater and Granger Group Homes
- Completed flooring and bathroom repair at Antelope I
- Added accessible showers at Lewis Group Home
- Implemented and added a corporation-wide safety plan throughout the year. This has resulted in significant decrease in work accidents.
- Cash safety incentive for accident-free homes
- Implemented an "early return to work" policy, allowing injured employees to return to work with a list of light duties.
- Continue to have a drug-free policy in place and continue to implement drug testing at time of hire and randomly throughout employment.
- To improve communication, group home managers have been submitting staff meeting minutes to their group home administrator
- Developed a facility checklist for managers to complete to ensure that consumer needs are being met
- All staff received a fifty cent per hour raise this year
- Added another staff person to assist with medical appointments

Policies and Administrative (DDP) Directives: RSS's policy manual and safety manual were both reviewed. Several policies are in need of updating, dating back ten years or more.

Licensing: All eleven group homes were found to have current licenses. No licensing issues were noted.

Fiscal:

Financial information has been submitted to DDP in a timely manner.

DDP is in the process of making a huge shift in our payment system that now requires both staff and the individual to be present to bill. RSS's income has the potential to increase by more than \$250,000 over the next two years as a result of this. Besides meeting the health and safety needs of the individuals in the group homes it is crucial that RSS figure out how to staff the homes in order to bill. Billings, the region and the state seem to be facing staff shortages at this time. A good economy and low unemployment are two of the factors affecting hiring and retention of staff. At this time staff vacancies are resulting in lost revenue to RSS. The corporation has very little reserves to fall back on when income is lost. The staffing crisis RSS is currently facing must be solved.

Monitoring of client funds and ensuring continuation of Medicaid benefits has been an issue during the past year. RSS has not been tracking client funds to know who is over-resources or who is close to becoming over-resources. This issue was addressed in a letter dated September 7 from the QIS to Ardis Stockton. In the letter I asked that RSS develop a system to help avoid loss of benefits. Since this time, a memo has been sent out to all group home managers asking that they closely monitor client funds. This has also been added to the facility checklist the managers complete and go over twice each month at the managers meeting.

Appendix I:

Appendix I was amended 7/1/06 to adapt to the new rate structure in Region III. The word "intensive" was removed from those homes previously designated as intensive. Staff to client ratios were removed. The individuals living in the homes continue to be funded for the staff ratios that existed prior to 7/1/06 and those numbers still should be met.

B RESIDENTIAL

Accomplishments:

- * As noted above, repairs and remodeling were completed at Antelope I and Lewis Group Homes.**
- Staff at Granger and Stillwater are commended for providing needed services to individuals in crisis during the year**
- Effective 7/1/06 all homes now have awake overnight staff**
- Several consumers acquired proper fitting wheelchairs in the past year**
- An Infalift was purchased for Westchester to assist in transferring individual's who are very difficult to transfer using a Hoyer or two person lift**
- A new wheelchair scale was purchased, allowing consumer's weights to be taken in two homes instead of just one**
- A ramp was built at Westchester from the curb to the street to assist in moving individuals in wheelchairs from the van to the sidewalk**
- Maintenance person visits each and does a monthly safety walkthrough**

Programmatic Deficiencies/Corrections to Deficiencies:

An ongoing deficiency for RSS is lack of staff and being able to ensure health and safety of consumers through adequate staff ratios. RSS has taken some action to correct this deficiency including requiring managers to cover shifts on weekends or other times when the home is short, requiring administrative staff to cover shifts as needed, having a scheduler work from 6:15 a.m. to 12:00 p.m. on the weekends to assist with scheduling issues, and having the executive director cover morning shifts as needed in the Heights homes. These actions are needed to keep group homes staffed at a 2:6 or 2:8 that is less than the hours of support that is actually needed for the individual cost plans.

The actions of administrative staff to pitch in and cover vacancies are much appreciated. This has resulted in having some administrative duties put temporarily aside, but has greatly benefitted the consumers you serve in ensuring their health and safety.

HEALTH & SAFETY

Vehicles: RSS has a total of 14 vehicles. There is one at each group home. Driving records of staff are requested annually. There is a driver training program in place and a training program for operating vans with wheelchair lifts. The vehicles are well-maintained and staff completes routine maintenance checks.

Consumers: Throughout the year staff to client ratios have been a major health and safety concern at RSS. The following QAOS sheets document this:

- #2-I on 5/19/05 documenting a 1:6 ratio at Stillwater
- #8 on 2/23/06 documenting a 1:8 at Westchester
- #9 on 2/23/06 documenting 2:7 at Panners on 2/11
- #10 on 2/23/06 documenting 2:7 at Antelope I on 2/22
- #11 on 4/25/06 documenting 1:7 at Antelope I
- #12 on 5/10/06 documenting 1:6 at Constellation
- #13 on 5/10/06 documenting 1:7 at Antelope I
- #20 on 7/19/06 documenting 2:8 at Westchester

The changes in Region III have taken staff ratios out of the Appendix I, however, staffing still needs to be adequate to meet health and safety needs of the consumers. At a few homes - Antelope II, (not including the downstairs apartment), Granger, 20th Street and Fairpark, I feel that having two staff on duty during the morning, evening and weekend hours is adequate. At other homes, this ratio is definitely inadequate and staffing issues need to be addressed. This QIS, your staff and case managers have expressed major concern regarding homes not having enough resources to meet the needs of consumers. RSS has started having administrative staff fill-in when shortages occur and have started scheduling staff meetings earlier in the week to allow staff time to flex out earlier in the week without causing a severe staff shortage (QAOS 20). The problem of staff shortages has been ongoing and needs to continue to be one of the highest priorities to solve. A request for corrective action will be submitted to RSS regarding this issue.

Staff at Lewis Group Home were commended (QAOS #6) for providing excellent supports to an individual who was hospitalized in January 2006. Overall, RSS staff usually goes over and above in providing needed supports to consumers who are hospitalized.

The following commendations were made during the course of the review:

QAOS #21 for Lewis having wonderful client profiles, food preparation protocols clearly posted, and holding weekly consumer meetings to give consumers choice in the week's activities and meals

QAOS #22 for Westchester posting clear eating and bathing protocols

QAOS #23 for Stillwater updating PRN protocols, having bathing and eating protocols in place and clearly written

QAOS #24 for 20th Street having a great sub book giving very detailed consumer information

QAOS #25 for North 18th having excellent up-to-date PRN protocols for consumers

Some of the above commendations were a reaction to a previous request for corrective action. I would like to thank RSS for the prompt response to concerns made by this office.

At each home I found staff who cares about consumers and their well-being and who put out their best effort to make sure consumers are receiving the best quality of services they can provide with available resources. I do believe that each home should develop a plan of how to keep consumers safe with existing resources. If staff is short, what actions do staff on duty need to take to make sure each individual in the home is cared for and safe during their shift? This could be addressed at staff meetings that occur within each group home.

Medication Safety: I began tracking medication errors at the end of December 2005. The following is a total by site from 12/26/05 through 8/31/06:

Panners -1

20th Street -1

Granger - 3

Fairpark - 4

Constellation -5

Lewis -5

Antelope 2 - 6

Antelope 1 - 8

Stillwater - 9 (two were med. refusals)

North 18 - 16

Westchester - 17 (five were med. refusals)

Granger Group Home was commended on **QAOS #19** for having excellent medication storage and creating a tactile cue on the med. container for an individual who is visually impaired. Stillwater Group Home received a commendation on 9/26/05 **QAOS #5-I** for creating excellent face sheets for each

individual in the medication log book with descriptions for staff to assist individuals with taking medications.

Concerns were found with staff medication certification on 9/26/05 at Antelope II, **QAOS #3-I** and on 9/26/05 at Panners, **QAOS #4-I**. RSS gave prompt action in assuring that staff in question became certified when they became aware of the problem. Otherwise, throughout the year, staff have been found to be medication certified during routine checks.

Record keeping for medical issues were noted as a concern in **QAOS #15** dated 6/28/06. MAR sheets did not indicate the time a PRN medication was given, PRN protocols were not dated, and a MAR Sheet was found altered at Stillwater Group Home. Because of this, RSS has revised its Medication Policy and submitted the revision to the DDP office. Many group homes have begun to update PRN protocols and I have noted that the new ones are dated. The revised policy adequately covers the concerns noted in QAOS #15. Thank you.

Sites: All residential sites have been visited at least quarterly throughout the year. Sites are generally clean and well-maintained. Panners was found to have its ceiling peeling and mold under the skylight on 5/19/05 **QAOS #1-I**. This was repaired on 7/18/05. Granger was found to have a hot water temperature of 132 on 9/27/05, **QAOS #5**. This was promptly corrected. Signs have been posted on all water heaters stating that only maintenance staff are to adjust the temperature. A third maintenance person was also hired and part of his job is to perform checks on a regular scheduled basis.

All smoke detectors and fire extinguishers are in place and regular checks are done on them.

Documentation of fire and other disaster drills was found for each of the homes.

SERVICE PLANNING & DELIVERY:

Individual Planning (Assessment, Implementation & Monitoring)

Documentation of service and training objectives from the current Individual Plan was reviewed for one person at each home. IP documents were available to all staff in each individual's training book. The plans were based on comprehensive assessments and addressed the specific needs of the consumers. Where necessary, rights restrictions were in place and measures were addressed to reduce the need for the restrictions.

There were inconsistencies in implementing objectives at some homes. Fairpark did not have access to the newest PSP document for from June. It appeared,

that previous to the new manager taking over, programs were not run consistently or according to the IP at Fairpark. The new manager at Fairpark has corrected this. Westchester was unable to find data on objectives for ' - one was an objective to call her parents and another was on watering plants. Data seems to have stopped being taken in May. I spoke to staff at the home. They were aware of the programs and told me they have been running them regularly, but for some reason they have not been recording the data. I believe this is another result of staffing shortages.

Quarterly reports were not found for individuals at the following homes during the year: Constellation, Granger, Westchester, and Fairpark. One quarterly, turned in for ' at Fairpark, reported on objectives that did not appear on that years IP. At North 18th and Antelope I, quarterlies were submitted, but were not complete (not all objectives were reported on). Panners, Lewis, Antelope II, 20th Street, and Stillwater have all consistently submitted accurate quarterly reports. This is an area where administrative staff should provide better oversight in the future. Several managers are new, and it was reported that there has not been time to train the new managers on how to prepare quarterlies. The time issue for administrative staff does not look likely to improve anytime soon since much of their time is currently spent covering shifts in the group homes. I would be willing to help in training new managers in how to prepare quarterly reports if RSS requests.

It was suggested at several homes that when no one has run a program as scheduled, a notation be made on the data sheet why they did not run it. It is also suggested that when a new IP/PSP is developed the service objective sheet be amended to add the new objectives and delete those that are no longer in the plan.

Leisure/Recreation: Leisure and recreation logs were reviewed at each site. A variety of leisure activities are being provided at all homes. Although contract requirements are being met, this is another area that staff shortages have or may impact on negatively. Consumers are not being given as many opportunities to go out in the community when there is not staff to take them. Another issue that has come up during the year with various homes is a lack of staff who are qualified to drive RSS vehicles because of insurance requirements. RSS's vehicle insurance was recently changed to allow staff who are 18 and older to drive (previously staff had to be 21) and this may help increase the number of qualified drivers.

Client Rights: An APS investigation in January of 2006 regarding an incident at Granger recommended reviewing client rights with staff on a regular basis. Otherwise, there were no issues noted regarding client rights. During visits with staff, I have found the majority of staff seem to have a good understanding of client rights and respect those rights. The staff survey that was given to one staff at each site asks several questions regarding client rights and RSS staff could

answer these questions accurately and without hesitation.

Medical/Health Care: Problems have been noted during the year with follow-up with medical appointments or recommendations. **QAOS #14** dated 6/28/06 refers to lack of a medical report being returned to the group home and confusing and contradictory medical information being provided to group home staff following a medical appointment. A new management checklist has been developed to help avoid confusion. **QAOS #16** dated 6/28/06 indicated a lack of a written feeding protocol for an individual and a problem with medical directives being given over the telephone. **QAOS #17** dated 6/29/06 indicates a lack of follow through on implementing medical recommendations from swallow tests. A corrective action was requested regarding these issues. Since these incidents and because of the request for corrective action, RSS has implemented a new policy to have all swallow assessments given to the Director of Habilitation for development of protocols. The management checklist was developed and includes swallow and diet recommendations. It also serves to assure IP team requests are communicated to the appropriate people in the administrative office. RSS has also developed internal monitoring procedures to ensure more oversight from the administrative staff. It is positive to note that all homes have now posted eating/food preparation protocols for the individuals who have had recommendations as a result of swallow tests. RSS has adequately responded to the corrective action and it is closed.

RSS has noted that they are “overwhelmed” with medical issues/appointments and have recently hired a third person to assist with medical appointments.

Care for individuals who have been hospitalized or are home recovering has been good during the past year. RSS is commended for respecting the wishes of [REDACTED] at Antelope II and allowing him to recuperate at his apartment rather than at a group home or nursing home. The future of this area of service is also going to be affected by staff shortages. Currently there is one individual who is ready to go home after surgery and RSS is feeling unable to take on the responsibility of her aftercare. There are two other individual’s needing eye surgery and the doctor will not schedule until he has assurances that one to one staffing can be found for these clients.

Emotionally Responsible Care Giving: During random drop-in visits at the homes during the year, staff were observed to be involved with consumers in an emotionally responsible manner. I have noted that most of the homes have developed good team-working skills which assists staff in providing quality care to those they work with.

Consumer Surveys: Consumer surveys were reviewed for all individuals in the sample and no problems were noted.

STAFFING

Screening/Hiring: I reviewed a random sample of five employee files. All were found to have criminal background checks completed before the date of beginning employment. RSS continues to require initial drug testing and random drug testing of their employees.

Orientation/Training: Site specific orientation/training checklists have been developed at each home. These checklists are great and will be very helpful in training new staff.

A new staff at one home noted that the initial site-specific orientation, during her first few days was inadequate. It was explained to her later that regular staff do not want to spend too much time training a new person until they are sure the person will stay with RSS. It may be possible that if staff were given more information and trained a little more upon first starting at RSS that they may feel more a sense of belonging and be more likely to continue the job.

General orientation to policies and procedures is done at the time of hire. All staff files reviewed were found to have documentation of orientation training and various health/safety training including MANDT, CPR, 1st Aid, DDCPT, blood born pathogen training, etc. RSS does an excellent job of general training and orientation. RSS is in the process of implementing a "mini DDCPT" training to be offered to all staff soon after they begin work with the intention of giving everyone a solid overview of service provision.

Ratios: There have been and continue to be significant problems in this area as noted under the Health and Safety Section above.

Staff Surveys: One staff was interviewed at each home. The length of employment of each staff surveyed ranged from two months to six ½ years. Areas covered in the survey included abuse/neglect reporting, client rights, behavior support plans, orientation/training, supervising medications, emotionally responsible caregiving, individual plans and incident reporting. Overall, staff were very knowledgeable in all areas. One staff person did not answer the questions on abuse/neglect reporting correctly. She did not know what agency to report abuse/neglect to and she did not know that she did not have to notify her supervisor before reporting something to APS. This is an area that could be included in group home staff meeting agendas.

INCIDENT MANAGEMENT

APS: During the period of this review there was a total of nine reports and completed investigations of alleged maltreatment by RSS staff made to Adult Protective Services. Five of these investigations showed that maltreatment did not occur. Four investigations indicated maltreatment did occur. The types of maltreatment identified by APS were two instances of verbal abuse, one instance of physical abuse and one instance of medical neglect. Recommendations were made by Adult Protective Services in these investigations and RSS adequately addressed these recommendations as they were made.

Incident Reporting: RSS has done a good job of reporting incidents as required by the Incident Management Policy. Prompt telephone notifications to case management and QIS have been made throughout the year. RSS has implemented an incident management committee per policy. The Incident Management Committee meets weekly and does a good job in reviewing incidents and making recommendations when needed. RSS has also continued with a Behavior Management Committee with a purpose of dealing with behavior issues before they create a crisis situation. This committee has become an offshoot of the Incident Management Committee. The Behavior group meets when the Incident Management Committee when trends are seen makes a referral. Trend reports have not been submitted as required by policy, **QAOS #18**. This was due to some computer glitches. RSS has corrected this effective 9/06.

Critical Incident Investigations: RSS has completed Critical Incident Investigations in a timely manner since the inception of the policy. There are currently four staff trained as investigators. The following is a summary of the number and type of critical incidents that were investigated by RSS from June 2005 through September 15, 2006:

25 uses of PRN medications for behavior(in all PRN incidents, staff were found to have followed existing PRN protocols)
20 emergency hospitalizations
18 client to client abuse incidents
10 injuries to clients requiring medical treatment
6 allegations of client abuse/mistreatment by staff
4 medication errors
3 incidents of property destruction
3 uses of restraints
2 ingestion of harmful substances
2 threats of suicide
1 elopement
1 instance of police involvement
1 death

C. DAY SERVICES

Accomplishments:

- **The RSS day program has been flexible in allowing people who need to stay home, that option. There has been some creativity in scheduling in the day program so individuals who only want partial retirement from the traditional day programs have been allowed to do so.**
- **RSS has created a wonderful program to address the needs of the aging population and the needs of those individuals who don't fit in with the standard day program model**
- **RSS currently serves ten individuals in day/retirement. Four of these are part-time. The program is provided in five different homes**

Programmatic Deficiencies/Corrections to Deficiencies: No deficiencies were noted.

HEALTH & SAFETY

Vehicles: Vehicles are available at all day program sites and are kept well maintained.

Consumers: There were no health or safety concerns with the individuals served in the day/retirement programs.

Medication Safety: Medication safety has been good in the day/retirement programs. Errors have been very minimal and any that may have occurred during day program hours are included in the residential section above.

Sites: See the residential section above.

SERVICE PLANNING & DELIVERY

Individual Planning: Individual plans were reviewed for two individuals in the day/retirement program. Both programs had daily schedules and service objectives for the individuals. Objectives were documented in the homes. Quarterly reports were submitted to case managers combined with residential objectives.

Leisure/Recreation: Daily leisure and recreation activities were documented at the homes. Although leisure activities are offered and provided, I suggest a wider variety of options be developed for each of the retirement homes. I realize that many of the people served in this program prefer to have quiet time to themselves, but it would be nice to have opportunities to try different activities available.

Client Rights (Restrictions, grievance Procedure: There were no issues involving client rights.

Medical/Health Care: There were no issues involving medical/health care at the day programs.

Emotionally Responsible Care Giving: During drop in visits of the day program throughout the year, I found staff interacting with clients in an emotionally responsible way.

Consumer Surveys : Consumer surveys in the sample were complete and there were no issues noted.

STAFFING

Screening/Hiring: The same procedures apply here as in residential.

Orientation/Training: The same procedures apply here as in residential.

Ratios: Staff to client ratios at the day programs vary from 1:1 to 1:2. There were no problems noted with staff ratios during the day program hours.

Staff Surveys: A staff survey was completed with one staff from the day/retirement program. The staff was knowledgeable in all areas of the survey. The results of the surveys are included in the above section under residential.

INCIDENT MANAGEMENT

APS: There were no APS issues involving the day/retirement program.

Incident Reporting: Incidents were reported in a timely manner and are included in the residential section of this report.

Critical Incident Investigations: Critical investigations are included in the residential section of this report.

D. TRANSPORTATION

Accomplishments:

- **RSS has increased its contracted transportation number of consumers to sixteen**
- **Carl Solberg has become a certified defensive driving instructor**
- **Annual motor vehicle driving reports are requested annually for all drivers**
- **RSS continues to be the only transportation provider to offer services to an individual in Laurel**
- **“Behind the Wheel” hands-on training is provided to new drivers**
- **PASS (Passenger Assistance and Safety) Training is required for staff driving vehicles with wheel chair lifts**

General:

RSS uses two vans to provide contracted transportation to individuals. They have two drivers and run a West-End (including Laurel) and a Heights route each day. RSS requires drivers to pass the Passenger Assistance and Safety Training. This includes a written evaluation. They also provide drivers with hands-on testing for operation of wheelchair lifts. RSS has a scheduled maintenance program in place for the vehicles.

Thank you for your cooperation and effort in providing transportation to those in need. RSS has done an excellent job in being flexible and creative in meeting the transportation needs of individuals.

Programmatic Deficiencies/Corrections to Deficiencies:

There were no deficiencies noted in transportation.

CONCLUSION

I would like to thank all staff at RSS for their assistance in completing this review. The administrative and group home staff were all very helpful in providing/gathering information.

Findings Open/Plan of Correction:

Staffing issues are the biggest issue of concern and effect all areas of service delivery. A written plan of correction is requested to address the issue of staff shortages and how RSS will keep people safe during the periods of time when staff shortages do exist.